



WASHINGTON STATE QUARTER HORSE ASSOCIATION

2020 MEMBERSHIP APPLICATION & RENEWAL

All persons interested in encouraging the development of the American Quarter Horse are invited.

NEW MEMBERSHIP RENEWAL TODAY'S DATE: ____ / ____ / ____

Send application with fee and copy of horse papers to:

Washington State
Quarter Horse Association
PO Box 1010
McKenna, WA 98558

Text: (253) 208-8319
E-mail: WSQHA@hotmail.com
www.wsqha.com

Award points can only be counted from the date of postmark of this application and if the copies of the horse's registration are on file. See Rules & Requirements for points at www.wsqha.com. Youth and Amateur have separate requirements for qualification.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ CELL PHONE: (____) _____

E-MAIL: _____

IF FAMILY MEMBERSHIP, PLEASE LIST ALL OTHER NAMES INCLUDING YOUTH'S DOB

1) _____ / ____ / ____
LAST FIRST YOUTH DOB

2) _____ / ____ / ____
LAST FIRST YOUTH DOB

3) _____ / ____ / ____
LAST FIRST YOUTH DOB

4) _____ / ____ / ____
LAST FIRST YOUTH DOB

SOMETHING HAS CHANGED, PLEASE UPDATE MY INFORMATION

BUCKLE SPONSOR (\$100) INDIVIDUAL MEMBERSHIP (\$40 year) FAMILY MEMBERSHIP (\$60 year)

Buckle sponsorship for the NW Emerald Show is one option for AMATEUR year end qualification or work 4 hours or donate a silent auction basket valued at \$100 at Trophy Circuit.

Includes spouse & all children under 18 as of Jan 1.

PLEASE LIST ALL HORSES YOU PLAN TO SHOW *List on other side if needed.*

HORSE'S NAME <small>\$25 awards fee per horse (covers all divisions)</small>	YEAR FOALED	*BACK # <small>SELECT 400-900 \$5 ea year</small>	EXHIBITOR NAME

Copies of horse's papers are **REQUIRED EVERY YEAR**. Points cannot be awarded unless you provide them.

YES, I have included front & back copies of my horse's papers. Horse owners must be listed as members.

Youth year end awards have additional requirements. Contact the youth advisor for information. Amateur requirements listed above.

CHECK VISA MASTERCARD Name on Card: _____

CREDIT CARD

CC#: _____ Exp: ____ / ____ Security #: _____ Zip: _____

MEMBERSHIPS \$ _____

BUCKLE SPONSOR \$ _____

BACK #'S \$ _____

AWARDS FEES \$ _____

TOTAL \$ _____

If we do **not** have your permission to use your name, address, phone # in our Directory, check here: